U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 102 04	2. Fiscal Year Covered From
	1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Diane Strickland	Name Teamsters Local No. 743 Labor Organization File Number 034 094
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7430 S. Crandon	Street 4620 S. Tripp Ave.
City Chicago	City Chicage
State Illinois ZIP Code + 4 _60649	State Illinois ZIP Code + 4 60632
5. Position in labor organization.	epresentative
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature/Usne Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Money American	On 8-12-04 773-254-7460 Date Telephone Number

B. Held an interest in or derived income or economic penefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
,	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg Room No., if any Street	a. Labor Organization b. Trust c. Employer
City ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal ng.
Name	,
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Ccde + 4	
13.b. is the Business an Employer or Consultant . ?	14.b. Amount of payment.

File Number U-

Name of Person Filing

Diane Strickland

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004.

Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Signature

Date